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CENTRAL FAX CENTER****DEC 22 2006****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****AMENDMENT "B" UNDER 37 C.F.R. § 1.116**

APPLICANT: Guttorm Rudi **GROUP ART UNIT:** 2621
SERIAL NO.: 10/057,387 **EXAMINER:** Syed Y. Hasan
FILED: January 25, 2002 **CONFIRMATION NO.:** 1591
TITLE: TWO TAPE, FOUR REEL CARTRIDGE AND DRIVE FOR
WIDE MAGNETIC RECORDING TAPE

MAIL STOP AF

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

S I R:

In response to the Office Action dated November 2, 2006, Applicant herewith
amends the application as follows.

FACSIMILE TRANSMITTAL SHEET

SCHIFF HARDIN LLP

A Limited Liability Partnership Including Professional Corporations
8800 Sears Tower, Chicago, Illinois 60608-8473 312.258.5500
Facsimile: 312.258.5800 World Wide Web: <http://www.schiffhardin.com>

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DEC 22 2006

CLIENT/MATTER NO.: 31392-0006

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NAME: Patent Office

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FROM: Steven H. Noll

DIRECT DIAL NO.: 312.258.4972

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TELEPHONE (312) 258-5500

SCHIFF, HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

GROUP ART UNIT: 2621

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In re application of: Guttorm Rudi

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P.O. Box 1450

Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*11	MINUS	**20	X	() X 9.00 () X 18.00	
INDEP. CLAIMS	*3	MINUS	3	X	() X 42.00 () X 84.00	
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$140.00 () \$280.00 ONE TIME	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 2.

- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.
- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$_____ is attached.
- ☐ A check for \$_____ accompanying IDS under 37 CFR 1.97(e) is attached.
- ☐ A check for \$_____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5500.

SCHIFF, HARDIN LLP (Customer Number: 26574)

Patent Department

BY Steven H. Noll (28,982)

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Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

SIGNATURE

December 22, 2006

DATE

CHI\4796764.1

TELEPHONE (312) 258-5500

SCHIFF, HARDIN LLP

PATENT DEPARTMENT

6606 SEARS TOWER

133 SOUTH WACKER DRIVE

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